

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050325

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3798 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 4000

2 4015

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Manchester</b>		c. CITY OR TOWN <b>Ballwin</b>	
Length of stay in lb <b>5 mos.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Manchester Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>500 New Ballwin Rd.</b>	
3. NAME OF DECEASED (Type or print) First <b>EMMA</b> Middle <b>GLADYS</b> Last <b>NORTMAN</b>		4. DATE OF DEATH Month <b>December</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 23, 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	9. AGE (last birthday) <b>76</b>
11a. FATHER'S NAME <b>Unk.</b>		11b. MOTHER'S MAIDEN NAME <b>Nestle</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Lester C. Nortman, 1025 Dickson Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mesenteric Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Mesenteric Sclerosis</b> DUE TO (c) <b>General Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>Don't Know</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pyelonephritis, Senility</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:30</b> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis, Missouri</b>	
21. I attended the deceased from <b>Nov. 2, 1963</b> to <b>Dec. 11th, 1963</b> and last saw him alive on <b>Dec. 11th, 1963</b> Death occurred at <b>6:30</b> A. m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Dr. W. Zaffey, D.O.</b>	
22b. ADDRESS <b>13, 206 Manchester Rd. Des Peres 31, Mo.</b>		22c. DATE SIGNED <b>12-12-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Dec. 14, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>12-13-63</b>	
24. FUNERAL DIRECTOR <b>Ambruster Mortuary, 6633 Clayton Rd.</b>		26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

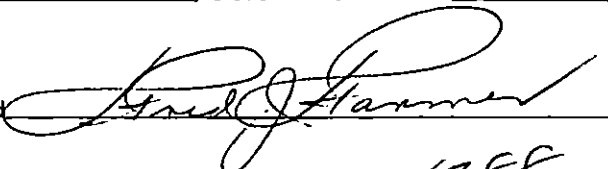
Ralph W. Taffey D.O.  
13206 Manchester Rd.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.